	RECORD	PHYSICIANS. should state of OCCUPATION is very
V. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of -nformation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
		Z.

1 PLACE OF DEATH	STATE OF MARYLAND
Morcester 18051	CERTIFICATE OF DEATH
County Of October 1	Registration Dist. No.3
Village or City Mhalefulle (No.	St; Ward) [It death occurred in a hospital or institution, give its NAME instead
2 FULL NAME Holland Bak	ot street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
GDATE OF BIRTH March 26 1915	Dug 18, 1915; to Sept 17, 1915;
(Month) (Day) (Year)  7 AGE  (Month) (Day) (Year)  1 LESS than 1 day,hrs.	and that death occurred on the date stated above, at 3 m.
mos. 2 / ds. ORmin.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	Diasahea
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. 2 mos. ds.
9 BIRTHPLACE (State or country)	Contributory (Secondary)
10 NAME OF Samuel & Baker	(Signed) C A Holand, M. D.
11 BIRTHPLACE OFFATHER (State or country) / Maryland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
12 MAIDEN NAME OF MOTHER LAMBOR Brushen	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Marsland	At place in the ot death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE EEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?  Former or
(Address) Othalequille of the	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 PHOLEN 18 1915 WHIPOCLOWAY REGISTRAN	Tarlew Com Deff 5, 1915  20 UNDERTAKER  ADDRESS  ADDRESS
If more blanks are needed, address State Registrar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Uesith
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Ill-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At homc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or Industry; and therefore an been changed or given up on account of the pisease of persons engaged in domestic service for wages, as minc, etc. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first ilne will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, Irrespective of age ness of various pursults can be known. The question tion is very important, so that the relative Realthful Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (e)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage. as "Pursperal scptichaemus," "Old Age," "Shock." "Traemla," "Weakness," cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Hart fallure," "Haemorrhage," "Inanition," "Marasthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measics (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Ohronic interstitial nephritis er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of \_\_ (name origin; "Candeath), 29 ds. State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU,V.S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

PHYSICIANS should state of OCCUPATION IS VETY

properly classifled. Exact statement

stated EXACTLY.

should be

AGE

carefully supplied.

See Instructions on back of certificate.

of Information should be

CAUSE OF Important.

N. B.-

PERMANENT RECORD

### V. S. No. 1.

1 PLACE	OF DEATH
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16052

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No 35'

St.;.....Ward)

[It death occurred in a hospital or Institution, give its NAME instead of street and nomber.]

FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE S BINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the word)  6 DATE OF BIRTH  Anach & J. 8/3  (Month) (Day (Year)	16 DATE OF DEATH  (Month) (Day (Year)  17  1 HEREBY CERTIFY, That I attended deceased from  (Mg / 8 , 191 2 , to Sept / 8 , 1912 ),  that I last saw here alive on Sept / 2 , 191 2
7 AGE It LESS than t day, hrs.  yrs 5 mos 2 4 ds. OR min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	Diarrhea
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Doration) yrs. mos. ds.
State or country) manyland	Secondary (Duration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) C Q Still and , M. C.  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Manhana	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place lo the of death yrs, mos, ds  Where was disease contracted.
(Informant) Samuel & Bakes	If not at place of death?  Former or usual residence
(Address) Mally ville Ind	19 PLACE OF BURIAL OR REMOVAL  Farlist ben  20 UNDERTAKER  ADDRESS
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None cated thus: CAUSING DEATH, state occupation at beginning of illbeen ehanged or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Furm laborer, Laborer-Coal "Manager," "Dcaler," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every persou, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are eugaged in the Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mus," "Old Agc," "Shoek," "Uraemia," "Weakness," geuital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonilis," etc. State eause for elildbirth or miscarriage as "Puerperal septichaeete., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (Recommendations on statement of (disease eausing death), 29 ds.; "Dropsy," "Exhaustion," Never report



02

### PHYSICIANS RECORD PERMANENT THIS AG NX UNFADING WITH Information

should OCCUPATION classified. proper may certificate. jo terms, plain See Instructions 5 DEATH 0 OF mportant. Every It

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. fit death occurred in .Ward) a hospital or Institution. give its NAME Instead of street and number.1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day (Year) ORDIVORCED (Write the word) (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above 1 day hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory ..... Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE At place in the OF MOTHER (State or country ..... yrs. ..... mos. ..... ds. State ..... yrs. \_\_\_\_ mos. Where was disease contracted. 14 THE ABOVE IS TRU It not at place of death? Former or (Intormant) usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address).... 16 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care minc, etc. applies to each and every person, irrespective of age. been changed or given up on account of the disease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional llue is provided for the latter statement; ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa If retired from business, that fact may be indl-Womcu at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the aud causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defaulte synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (uever report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, Is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcine

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatie), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.; affection need uot be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." (Recommendations on statement of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. cause. Always qualify all diseases resulting from mere symptoms or terminal couditions, such as "As-The contributory (secondary or intercurrent) State eause for For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

16054

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

5	t.;	W	ard
---	-----	---	-----

[If death occurred in a hospital or institution,

	FULL NAME Milliam /	ot street and number.]	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
35	Male Color or RAGE 5 SINGLE, MARRIED, WIDOWED, Uning Ce ORDIVORGED (Write the word)	16 DATE OF DEATH (Youth) (Day (Year)	
8 D	(Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from 1915, to 1915, that I jastisew hull alive on 1916,	
7 A	(= 0.000)	and that death occurred on the date stated above, st. 7 m. The CAUSE OF DEATH* was as follows:	
3 pa (b (b	CCUPATION  1) Trade, profession, at a company to the company to th	No Parity Information yrs, mos. ds.	
θ B	10 NAME OF FATHER ROLL Baker  11 BIRTHPLACE OF FATHER (State or country)	Contributory Secondary  (Buration)  (Signed)  (Signed)  (Address)  (Address)  (Buration)  (Buration)	
PAREN	12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)	Style the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injuay; and (2) whether Accidental, Suicidal, or Homicidal.  18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents)  At place in the of death yrs. mos. ds. State yrs. mos. ds	
14	(informant)	Where was disease contracted, if not at place of death?  Former or usual residence.	
16 Fl	(Address) Belling July 10 1915 WHOLEOWOY REGISTAR	19 PLACE OF BURIAL OR REMOVAL  AT Pauls Cemelery Pot 10, 1915  20 UNDERTAKER  J W Burbage 11300 Berling gel	
	If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Ballo., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers eated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations Housewife, Housework, or At Home, and ehildren, not mine, etc. Women at home, who are engaged in the it should be used only when needed. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be judi-Never return "Laborer," "Foreman," If the occupation has As examples:

Statement of cause of death—Name, first, the disease eausing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eerorospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (uever report "Typhoid pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

eause. Always qualify all diseases resulting from nant neoplasms); Meastes; Whooping cough; Chronic eause of death approved by Committee on Nomenclature of the American Medical Association.) Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichacete., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitlon," "Marasgenital," "Seuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. Never report The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtetanus) may be stated under the head (Recommendations on statement of For vio-



No.

WITH

PHYSICIANS RECORD 50 PERMANENT INK UNFADING 50 instructions piai 5 DEATH OF Important. Every

STATE OF MARYLAND CERTIFICATE OF DEATH County. Registration Dist. No. Ilf death occurred in St.:....Ward) a hospital or institution, give its NAME Instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 4 COLOROR WIDOWED. (Write the word) (Month) (Year) HEREBY CERTIFY, That attended deceased from (Month) (Dav (Year) 7 AGE if LESS than 1 day .....hrs. OR ..... ? 8 OCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry. business, or establishment in which employed (or employer) ..... Contributory 9 BIRTHPLACE (State or country) Secondary Dural 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (Address) OF FATHER \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER (State or country) State ..... yrs. \_\_\_\_ \_\_\_\_ yrs. ..... mos. ..... ds. Where was disease contracted. if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when ueeded. As examples: additional line is provided for the latter statement; the nature of the business or fudustry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the pisease (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumoula"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: which surgical operation was undertakeu. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehoeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauitlon," "Maras "Collapse," "Coma," "Couvulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, LENT DEATHS state MEANS OF INJURY and qualify as is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," etc.), "Dropsy," (Recommendations on statement of may be stated under the head of or homicidal, or as probably "Exhaustiou," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVE NOV 6 1915 BUREAU, V



V. S. No. 1.

	SICIANS	tement of	1
20	CTLY, PHY	Exact sta	,A.,
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. BEvery item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS	should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of	te.
S A PERMA	E should be	ay be proper	of certifica
INK-THIS I	upplied. AG	so that it m	ons on back
UNFADING	carefully su	plain terms,	See instructi
ALY, WITH	n should be	DEATH in	nportant. 5
VRITE PLAIN	f informatic	CAUSE OF	N Is very ir
5	very item of	ould state	CCUPATIO
	N. BE.	As.	Ö

Village or City Snow Hill (No.	Registration Dist. No. 3.5
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, WIDDWEO OR DIVORCED (Write the word)	16 DATE OF DEATH Sept 23 , 1915 (Month) (Day) (Year)
6 DATE OF BIRTH  Mov. (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from Sept 23 , 1915, to Sept 23 , 1915 that I last saw here alive on Sept 23 , 1915
7 AGE. If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work  (b) General nature of industry business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	(Durstion) yrs 6 mos.  Contributory Pulmonary Hemorrhage
10 NAME OF Robert Johnson	(Signed) Sovieshart , M
E STRIPPLACE OF FATHER (State or country) Survey H Cle Ma	*State the Disease Causino Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER Maggie Richardson  13 BIRTHPLACE OF MOTHER (State or country)  OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At place to the of deathyre
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Maggic Rishards	if not et place of death ?
(Address) Enaw Hill, Ind.  15 Filed. 9/25, 1915 - Letoy Swith  REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  Cheneger Comentary Syst 25., 1913.  20 UNDERTAKER  ADDRESS  ALLOW HILL

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, employed, as At sehool or At home. Care should be wife, Housework, or At Home, and children, not gainfully -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None. business, that fact may be indicated thus: Farmer (retired engaged in domestic service for wages, as Servant, Cook. taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (o) Spinner, (b) Collon engineer, Stationary fireman, etc. But in many cases, Housemaid, "Foreman," "Manager," "Dealer," etc., of the second statement. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many accupations a single word or term on the Statement of Occupation-Precise statement of occupa-Campositor, very important, so that the relative healthfulvarious pursuits can be known. For persons who have no occupation whatever, etc. If the occupation has been changed Architect, Never return "Laborer," Locomotive engineer, without more The question

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonio, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning, SUICIDAL, OF HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association. Struck by railway train—accident; Revolver birth cause. Always qualify all diseases resulting from child-Example: Meosles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. or miscarriage as "Puerperal septichaemia," "Coma," "Convulsions," "Debility" ("Con-"Senile," etc.), "Dropsy," State cause for which Never report mere "Atrophy," "Exhaustion," punon



PHYSICIANS ahould atste pe properly pe may that 9 0 back terms, should 0 pisin Instructions = EATH OF Important. CAUSE

OF MOTHER

15

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. fif death occorred in .....Ward) a hospital or institution. give its NAME lostead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 4 COLOR OR RACE MARRIED, WIDOWED. (Month) Write the word) HEREBY CERTIFY. That I attended deceased from (Month) (Day (Year) If LESS than 7 AGE 1 day, .... hrs. 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment to which employed (or employar) ..... Contributory State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE

CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

At place to the ot death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State Where was disease contracted.

If oot at place of death? Former or usual residence

BURIAL OR REMOVAL

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

KNOWLEDGE

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, should be taken to report specifically the occupations material worked on may form part of the second statement. Never return "Laborer," "Toreman." who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the pismass Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home, Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. As examples additional line is provided for the latter statement; the nature of the business, or indust, y, and therefore an cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise spiciessary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the pisease causing peart (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid ppeumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia") unqualified, is indefinite); Tubercutosis of tungs, meninges, peritonaeum, etc.. Carcin-

oma. Surcomp. etc., of \_\_\_\_\_\_ (name origin; "Can-er" is less definite; avoid use of "Tumor" for mails. ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." (Recommendations on statement of sepsis, totanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Tuerperal schilchaecause. Always qualify all diseases, resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemla," "Weakness," -Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthonla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. Ex valvular heart disease; Chronic interstitial nophritis nant neoplasins) ; Measles; Whooping cough; Chronic The contributory (secondary or intercurrent "Senile." etc.), "Dropsy," "Exhaustion, Examples:



1 PLACE OF DEATH

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Woelshr 16058	Registration Dist. No. 3 57
FULL NAME Mary E. Wern	St.; Ward) [If death occurred a hospital or institution give its NAME instead of street and number
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Grand Colored Single, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Yes
S DATE OF BIRTH Sab (- 7	17 I HEREBY CERTIFY, That I attended deceased fi
(Month) (Day) (Year)	that I last saw h alive on , 191
/ 1 day, hrs. or min.?	The CAUSE OF DEATH * was as follows: P. J. Leury and Pertoneur Toner
POCCUPATION (a) Trade, profession, or darticular kind of work	
(b) General nature of industry business, or establishment in which employed (or employer)	(Ouration) yrs. was mos.
9 BIRTHPLACE (State or country) accornac lod Va	Secondary  (Buration) ovs. mes
10 NAME OF Silleton 9p. Dennis	(Signed) Thank S. Lungo
11 BIRTHPLACE OF FATHER (State or country) Workester & md  12 MAIDEN NAME OF MOTHER! Character Huddon	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SUICIDAL OF HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS) At place in the
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death
(Informant) Cellelon 9. Dennes	Former or usual residence
(Address) hew with md	Ceda shabble Carelow Peter la 191
Fled 9/6 1915 - LEROY Swith	20 INDERTAKEN ADDRESS

[Approved by U. S. Census and American Public Health Association.]

first line will be sufficient, e. g., Farmer or Planter, Physition is very important, so that the relative healthfulbusiness, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil ness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the applies to each and every person, irrespective of age. -Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from should be

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." state Means of injury and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deathis "Puenpenal peritorities," etc. "Anaemia" (merely symptomatic), "Atrophy, lanse," "Coma," "Convulsions," "Debility" on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Struck by railway train-accident; Revolver wound of etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, "Heart failure," "Hamorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia, ehopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valendar heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The contributory (secondary or intereur-Poisoned by "PUERPERAL septicharmia," "Dropsy," "Exhaustion," corbolic acid-probably State cause for which Never report mere (Recommendations "Atrophy," ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU,V.S.

### PHYSICIANS should state of OCCUPATION is very RECORD carefully supplied. AGE should be stated EXACTLY. Is that it may be properly classified. Exact statement certificate. A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS See instructions on back of of information should CAUSE OF important.

N.B.

### 1 PLACE OF DEATH County Horester

16059

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 35-3

St.; Ward)

[If death occurred in a hospifal or institution, give its NAME instead of sfreet and number ]

	FULL NAME Infant Over	WA-
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVARCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)
6 [	DATE OF BIRTH	17 I HEREBY GERTIFY, That I attended decessed from
-	Sept 14, 1915  (Month) (Day (Year)	that I last saw h alive on, 191
	If LESS than f day,hrs.  yrs mos ds. OR min.?	and that death occurred on the date stated above, at
() p	a) Trade, profession, or articular kind of work	Talus,
bu	i) General nature of industry, isiness, or establishment in hich employed (or employer)	(Ouration) yrs mos ds.
9 8	(State or country) Marylank	Gentributory Secondary  (Duraflon) yrs mos ds
S	10 NAME OF Asher J. Evans	(Signed) P. Collins, N.D. Sift 15, 1915 (Address) Birpfiele Mich
HNH	11 BIRTHPLACE OF FATHER (State or country) Delaware	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY: and (2) whether Accures.
PAR	12 MAIDEN NAME Addie Hudian	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country) Maryland	Af place in the of death yrs mos ds. State yrs mos ds
14	(informant) Ishu T Evans,	Where was disease contracted, If not at place of death?  Former or Usual residence.
16	(Address) Selle juli 1 A C D No Plan	Old fellerus ben Sept 15, 1915
F	1100 Jest 15, 1915 Harry Rayne	D + Mating ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an .Civil engineer, Stationary freman, etc. But in many cases, especially in industrial employments, it is nec-CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b), Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. . As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons If the occupation has "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial neghritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," ctc. childbirth or miscarriage as "Puerperal septichae. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senilc," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the Americau Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viois less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from Measles (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," State cause for



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in .....Ward) a hospital or institution. give its NAME instead of street and number. <sup>2</sup> FULL NAME. MEDICAL CENTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX SINGLE: 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, -WIDOWED OR DIVORCED (Day) (Year) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH . 191 ..... to (Day) alive on (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, hrs. OR min. ? 8 DCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in - (Duretien) yrs.... which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ENT e the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUBER state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, PAR 12 MAIDEN NAME OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE At place to the OF MOTHER of death State. (State or country yrs. .....da. Where was disease contracted. if not at place of death? Former or usuai raaidence DATE OF BURIAL 15 ADDREES Filed

If more blanks are needed, address State Registrar, 16 W Saratoga St., Bilto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. 6 yrs.). business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Hame, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mabile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the is provided for the latter statement; it should be used business or industry, and therefore an additional line cian, Compositor, Architect, Locomotive engineer, engineer, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Stationary fireman, etc. But in many cases, Women at home, who are engaged in Never return "Laborer," (a) Spinner, (b) Cottan If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., sepsis, telanus) may be stated on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver SUICIDAL, or noMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uracmia," "Weakness," to determine definitely. Examples: Accidental drowning; "PUERPERAL perilonitis," etc. birth or miscarriage cause. Always qualify all diseases resulting from childete., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," genital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial ges, perilanaeum, etc., Carcinoma, Sarcoma, etc., of .......... (name origin; "Caneer" is less definite; avoid use of nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping "Senile," etc.), "Dropsy," The contributory (secondary or intercuras "Puerperal septichaemia," State eause for which Never report mere "Exhaustion," " "Marasto punon

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURBAU, V.S.

A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS 1 PLACE OF DEATH

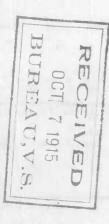
	1 PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
Cou	nty 10161	Registration Dist. No. 3.5.2
Villa	ge or City Synchwarf (No. ,	St.; Ward) [If death eccurre a hospital or institut give its NAME inst of street and number
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 58	MARRIED, MIDDWED OR DIVORCED OR DIVORCED OR DIVORCED OR DIVORCED OR DIVORCED OR DIVORCED	16 DATE OF DEATH  (Month)  (Day)  (Yo
6 D/	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased f
	(Month) (Day) , 1815 (Year)	that I last saw h
7 AC	if LESS than 1 day, 8 hrs. or min.?	and that death occurred on the date stated above, at
	CCUPATION a) Trade, profession, or rilcular kind of work	to specific injections
bi bi	General nature of Industry siness, or establishment in initial employed (or employer)	
	(State or country) Worcester Count	Contributory
	10 NAME OF Julian Frops	(Signed) It J. Livisers
li u	11 BIRTHPLACE	Sept Ce 1916 (Address) Decan City Mid
L	(State or country) Mysellu Cunt	*State the DISEASE CAUSING DEATH, or, in deaths from Violet
PARENTS	12 MAIDEN NAME OF MOTHER DAJE.	*State the DISPASE CAUSING DEATH, or, in deaths from VIOLES CAUSES, state (1) Means of Injury; and (2) whether Accidenta Suicinal or Homicidal.  18 LENGTH DE RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSI
PARENT	OF FATHER (State or country) Weeslu Cunty	SUICINAL OF HOMICIDAL.  18 LENGTH DF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSI OR RECENT RESIDENTS) At place In ths of deeth
PAR	12 MAIDEN NAME OF MOTHER Dasey Davis Cal  13 BIRTHPLACE OF MOTHER	SUICINAL OF HOMICIDAL.  18 LENGTH DF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSI OR RECENT RESIDENTS) At place In ths af death
PAR	12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or country)  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	SUICINAL OF HOMICIDAL.  18 LENGTH DF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSI OR RECENT RESIDENTS) At place in ths ef deeth

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Cotton write None. Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Peuler," etc., of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Pronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, lelanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, genital," "Senile," etc.), "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," eliopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephruis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name. origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) Struck by railway train-accident; Revolver to determine definitely. Examples: Accidental drowning; "Heart failure," "Hacmorrhage," "Inanition," "Marasor miscarriage as "Puerperal septichaemia," The contributory (secondary or intercur-"Dropsy," State cause for which "Exhaustion, nund



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

BINDING

FOR

RESERVED

MARGIN

V. S. No. 1.

	PLACE OF DEATH	STATE OF MARYL	AND
Cou	nty Mustus 10003	CERTIFICATE OF D	EATH
	9 /	Registration Dist. No.	350
Villa	age or City Vrementh (No.	St; Ward)	[it death occurred in hospital or institution.
	2 FULL NAME Paulin 7	gi	ive its NAME instead t street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE	ATH
3 51	**COLOR OR RACE   5 SINGLE, MARRIED, Maried widowed or Divorced (Write the word)	16 DATE OF DEATH  (Month)  17 / I WEREBY CERTIFY, That I attended	(Day) (Year)
	March 73 1890 (Month) (Day) (Year)	that I last saw her alive on sight.	25", 1915 25", 1915
7 AC	25 yrs. 6 mos. 2 If LESS than 1 day, hrs. OR mln.?	and that death occurred on the date/stated a	bove, at ./?m
na X	a) Trade, profession, or arricular kind of work.  b) General nature of lodustry usiness, or establishment in	Budden Pollafial	uni.
W	inthe employed (or employer)  IRTHPLACE (State or country)  Accuracy	Contributory Lyful And And	mos/7 di
	10 NAME OF FATHER Toland	(Signed) / SMALLS	. M. I
PARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  13 MAIDEN NAME	State the DISPASE CAUSING DEATH, or, in deat CAUSING, state (1) MEANS OF INJURY; and (2) whe SUICIDAL OF HOMICIDAL.	the Accidental,
PA	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITU OR RECENT RESIDENTS) At place In ths st desth	
14 T	(Informant)	Where was disease contracted, if not at place et death?  Former or usual residence	
16	(Address) Weaush luy	Philadelphia Cx	OF BURIAL
FI	180 191 CALLER REGISTRAR		esmorte
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.	nech

[Approved by U. 8. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Scrvant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used engineer, Stationary fireman, etc. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever The material worked on may form part If the occupation has been changed But in many cases, The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible "PUERPERAL perilonitis," etc. State cause for which genital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of to determine definitely. Examples: Aecidental drowning; birth or miscarriage as "PUERPERAL scptichuemia," "Heart failure," "Haemorrhage," "Inanition," "Maraschopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. cough; Chronic valvular heart discase; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from child-The contributory (secondary or intercur-Never report mere important.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 6 1915 BUREAU.V.S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

PHYSICIANS t statement of	Coun	1 PLACE OF DEATH  Thrutu  16065	STATE OF MA CERTIFICATE O Registration Di	OF DEATH		
Exac	Villa	ge or City K. 7. D. V Manufly (No. 2 FULL NAME Alley J. January	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]			
Fied		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
nould be stated EXAC be properly classified. certificate.	3 SE	COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  Sulta 27', 1914  (Month) (Day) (Year)			
	6 DA	TE OF BIRTH July 25: 1915	that I last saw have alive on stated above, at 2.7 m  The CAUSE OF DEATH * was as follows:			
GE SI ck of	7 AG	1 day, hrs.				
B.—Every Item of information should be carefully supplied. A should state CAUSE OF DEATH in plain terms, so that it OCCUPATION is very important. See instructions on bac	/ (a	yrs Mos ds OR min.?  CCUPATION ) Trade, profession, or ricular kind of work	Contributory Secondary  (Buration) yrs. mos. // ds  (Buration) yrs. mos. % ds			
	(b bus wh	) General nature of lodustry siness, or establishment in ich employed (or employer)				
	9 80	RTHPLACE (State or country)				
	v	FATHER Juniba	*State the Disease Causing Drath, or, in deaths from Violente Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal of Homicidal.			
	RENT	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME				
	PA	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR MOSPITALS, OR RECENT RESIDENTS) At place in the of death yrs. mes. ds. State Where was disease contracted.			
		(Informant)	tf not al place of death ?			
		(Address) W. F. D. V seaudyle Rey	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL		
	15 File	ed \$28, 1915 Co SHOWING REGISTRAN	20 UNDERTAKER Charf Ballard	ADDRESS Promote		
Z		If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1	· md		

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. engaged in doniestic service for wages, as Servant, Cook employed, as At school or At home. Care should be write None. business, that fact may be indicated thus: Farmer (relired or given up on account of the disease causing death, Housemaid, etc. taken to report specifically the occupations of persons urife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., of the seeond statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Groccry; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits ean be known. The question For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever If the occupation has been changed Locomolive engineer, But in many eases, If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia. Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenelature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Struck by railway train-accident; Revolver wound of surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. The contributory (secondary or intereurcough; Chronic valvular heart disease; Chronic interstitiol ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Caneer" is less definite; avoid use of to determine definitely. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Tumor" for malignant neoplasms); Measles; Whooping or misearriage as "PHERPERAL septichaemia," "Old Age," "Shock," "Uraemia," "Weakness," Examples: Accidental drowning; State cause for which Never report merc important.



### RECORD PERMANENT 4 THIS INK supplied. UNFADING WITH pino Information 0 Item

certificate. 10 back 00 Instructions

1 PLACE OF DEATH STATE OF MARYLAND state Very CERTIFICATE OF DEATH should ION is Registration Dist. No. of OCCUPATION [it death occurred in St :----Ward) a hospital or institution, give Its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH COLOR OR RACE MARRIED. WIOOWEO. (Month) (Day (Year) ORDIVORCEO (Write the word) I HEREBY CERTIFY. That I attended deceased from classified. (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, a 1 day, .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? properly 8 OCCUPATION (a) Trade, profession, or particular kind of work pe (b) General nature of Industry, business, or establishment in may which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 80 ARENTS terms. 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME piain TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) = 13 BIRTHPLACE Af place In the OF MOTHER of death (State or country ..... yrs. ..... mos. .... ds. State ... DEATH Where was disease contracted, See If nof at place of death? Former or II.O important. usual residence. ш 19 PLACE OF BURIAL DATE OF BURIAL (Address) ..... Every 15 20 UNDERTAKER ADDRESS m REGISTRAL ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the honsehold only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. been changed or given up on account of the disease who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is necness of various pursuits can be known. The question the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, return "Laborer," If the occupation has As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meninglitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarrlage as "Iverperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenla," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) The contributory (secondary or intercurrent) (Recommendations on statement of State cause for



STATE OF MARYLAND state CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist. No. If death occurred in Ward) a hospital or institution, give its NAME lostead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWEO, OROIVORCED (Write the word) (Month) (Day) HEREBY CERTIFY, That I attended deceased from (Day) (Year) TAGE If LESS than and that death occurred on the date stated above, a 1 day, .....hrs. OR ..... mio. ? properly BOCCUPATION AGE (a) Trade, protession, or particular kind of work supplied. (b) General nature of industry, pe business, or establishment in (Buration) may which employed (or employer) ... certificate. 9 BIRTHPLACE (State or country) Contributory (Secondary) that Caration) 10 NAME OF FATHER 80 of back 11 BIRTHPLACE (Address terms, RENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-LO 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain 4 OF MOTHER instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE 5 At place In the OF MOTHER (State or country) EATH ot death \_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State ...... yrs, \_\_\_\_ mos. Where was disease contracted. KNOWLEDGE If not at place of death? 50 a Former or OF usual residence. mportant. Every it 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. been changed or given up on account of the DISEASE should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. mine, etc. Civil engineer, Stationary freman, etc., But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, The question For persons

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

injury, as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of such, if impossible to determine definitely. Examples: cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerferal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association. dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anacmia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report "Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vic-"Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis uant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 de.



V. S. No. 1.

1 PLACE OF DEATH :

Cour	Moreiste 101100	CERTIFICATE OF DEATH  Registration Dist. No.35.24			
Villa	ge or City Dlo elton (No. ,	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]			
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3 SE	wale While (Write the word)	16 OATE OF DEATH. Sept. 23, 1915 (Month) (Day) (Year)			
6 DA	ME OF BIRTH  Morch  (Month)  (Day)  (Year)	that I last saw h 2 alive on 5 5 23 - , 1915,			
7 AG	E If LESS than	and that death occurred on the date stated above, at 12 m.			
	64. yrs. 6 mos. 12 ds. or min.?	The CAUSE OF DEATH * was as follows:			
(bu	1) Trade, profession, or Afousewife ricular kind of work 1) General nature of Industry siness, or establishment in inich emplayed (or employer)  IRTHPLACE (State or country)  Mury laud	Contributory Malaton Heard Secondary  (Burting Speed metro)			
G	10 NAME OF Nehmiah Redden	(Signed): St. S. Woods, M. O.			
RENTS	11 BIRTHPLACE OF FATHER (State or country) Was ceater & 20 5 12 MAIDEN NAME	*State the Disease Causing Drath, or, in deaths from Violents Causes, state (1) Means of Injury; and (2) whether Accidental, Suicipal or Homicions.			
PA	13 BIRTHPLACE OF MOTHER (State or country) Worker the Colud	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ef death yrs			
14 T	(Informant)	Where was disease contracted,  If net at place of death?  Former or  usual residence			
15 FI	(Address) Greenback Ville	Slocklan ME Cumulary 25, 191.5.  20 UNDERTAKER  ADORESS			
	REGISTRAR	Huntock & Smark Blocklain und			
	If more blanks are needed, address State Registrar,	10 W. Baratoga St., Balto, Requesting V. S. No. 1.			

16066

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health
Association.]

state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed who receive a definite salary), may be entered as Houseprecise specification as Day loborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in provided for the latter statement; it should be used Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as "PUERPERAL septichaemia," ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of .......... (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping by railway Always qualify all diseases resulting from child-The contributory (secondary or intercurtrain-accident; Revolver State cause Never report mere wound



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CTLY, PHYSICIANS	Village or City Survey Still (No. ,	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 35 / St.; Ward) [If death occurred in a hospital or institution, give lis NAME instead of street and number.]			
information should be carefully supplied. AGE should be stated EXA SAUSE OF DEATH in plain terms, so that it may be properly classified N Is very important. See instructions on back of certificate.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
	Male Whits Single, Married Wildows of ON ON ON OF ORCE O (Write the word)	16 OATE OF OEATH /D , 1915 (Month) (Day) (Year)			
	G DATE OF BIRTH  July 2, 1833  (Month) (Day) (Year)	that I last saw h invalive on and that death occurred on the date stated above, at 9 m.  The CAUSE OF DEATH ** was as follows:  Curvice results  (Buratlon) / yrs. 0 mos. 0 de.			
	7 AGE 8 2 yrs 2 mos 8 ds OR min.?				
	(a) Trade, profession, or Asturnal farmonic particular kind of work  (b) General nature of indusfry business, or establishment in				
	9 BIRTHPLACE (State or country)	Contributory Secondary  (Quration) yrs, mos, de.			
	OF FATHER  OF FATHER  OF FATHER  OF FATHER  (State or country)  12 MAIOEN NAME	(Signed)			
	OF MOTHER  OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)				
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Show Zewro				
I. B.—Every item of should state ( OCCUPATIO	(Address) Swon Fill BB#4  15 Filed 9/12, 1915 RELDY Sewith REGISTRAN	19 PLACE OF BURIAL OR REMOVAL  OATE OF BURIAL  OATE OF BURIAL  OATE OF BURIAL  OATE OF BURIAL  AOORESS  LUT. HEART STOW HILL  OATE OF BURIAL  AOORESS			

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Screant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully precise specification as Day laborer, Form laborer, Laborer write None. Housemail, etc. If the occupation has been changed taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salcsman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. business or industry, and therefore an additional line For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, Civil If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated head-homicide; Poisoned by corbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, birth or misearriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," lapse," "Coma," "Convu genital," "Senile," etc.), ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... Struck by railwoy troin-accident; Revolver to determine definitely. Examples: Accidental drawning, surgical operation was undertaken. For violent deaths cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inamition," "Maras-"Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," chomeumonia (secondary), 10 .ds. Never report mere Example: Meosles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valentar heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull, The contributory (secondary or intercur-"Convulsions," "Debility" ("Con-"Dropsy," "Exhaustion," "Atrophy," nound



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See Instructions

Important.

County.	AGE OF D
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Male	1 COLOR
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### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

	•			W	-	-	
••	2	L.,	 	AA	ar	O.	,

Ilf death occurred la a hospital or institution, give its NAME Instead

of street and number.] MEDICAL CERTIFICATE OF DEATH STATISTICAL PARTICULARS S SINGLE. 16 DATE OF DEATH OR RACE MARRIED WIDOWENTELL (Month) (Year) (Day (Write the word) HEREBY CERTIFY. That I attended deceased from (Month) (Day (Year) If LESS than and that death occurred on the date atsted above, at 1 day .....hrs. The CAUSE OF DEATH\* was ss follows: OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (Address) There OF FATHER \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (State or country 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. State ..... yrs, \_\_\_\_ mos. .... ds Where was disease contracted. KNOWLEDGE If not at place of death? Former or (Informant) usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS REGISTRAR o reced?

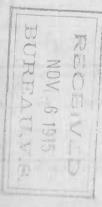
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. additional line is provided for the latter statement; applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indiespecially in industrial employments, it is nec-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee ou Nomenclasepsis, tetanus) may be stated under the head of 'Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples:" ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF US probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for mallyoma, Surcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," Never report



Village or City hear Poromotice (No	STATE OF MARYLAND CERTIFICATE OF DEATH  Registered No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Marie of BIRTH Sept 29 , 1915	16 DATE OF DEATH Sept. 29  (Month) (Day) (Year)  17   HEREBY CERTIFY, That I attended decessed from 9 Dawhom, 1915, to when 1915, to that I last saw here alive on the fune 1915.
(Month) (Day) (Year)  7 AGE  2 2 yrs 3 mos. ds OR min.?  8 occupation (e) Trade, profession, or perticular kind of work	snd that death occurred on the date stated above, at 5 m, The GAUSE OF DEATH* was as follows: He had Juberculosis when F Law him
(b) Concel nature of industry, business, or establishment in which amployed (or amployer)  BIRTHPLACE (State or country)  Manualand	Contributory WIKUSTUS (Secondary) (Deration) yrs mos ss
O NAME OF Charle Martin  11 BIRTHPLACE OF FATHER (State or country) Maryland	(Signed) France T Goster , M. D.  (Signed) France T Goster , M. D.  (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Maryland  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Maryland, Maryland,	19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT REGIDENTA)  At place la the of death yrs, mos, ds, State yrs, mos, ds.  Where was disease contracted, lf not at place of death?  Former or usual residence
(Address) Joanne Man Man (Address) 15  Filed 13, 191	19 PLACE OF BURIAL OR REMOVAL  Out de la commentation de la commentati

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation bas of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. it should be used only when needed. As example (a) Spinnor, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulmaterial worked on may form part of the second essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (4)

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cbildbirth or miscarriage, as "Purrperal septichaecause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUERPERAL pertionitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mailsoma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." scpsis, tetanus) Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, LENT DEATHS State MEANS OF INJURY and quality as mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head of (Recommendations on statement of or Homicipal, or as probably "Dropsy," (name origin; "Can-"Exhaustion," Never report Examples:



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		YSICIANS	£-1.	
	PERMANENT RECORD	nould be stated EXACTLY. PH	certificate.	
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	e carefully supplied. AGE sl plain terms, so that it may l	See instructions on back of	
NI DEAM	WRITE PLAINLY, WITH	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of	OCCUPATION is very important. See instructions on back of certificate.	
17 01		ż		-

Coun	PLACE OF DEATH 16070	STATE OF MAI CERTIFICATE O Registration Dis	F DEATH
Villag	ge or City Premale Edy (No. , )	St.; Ward)	[it death occurred in a hospital or institution, give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
39E		16 DATE OF DEATH (Month)	(Day) (Year)
6 DA	TE OF BIRTH May 4, 1874	that I last saw have alive on	191.8.7 191.8.7
7 AG		and that death occurred on the date starthe CAUSE OF DEATH * was as follow	
8 (a par (b bu	CCUPATION  1) Trade, profession, or Rottney R.R. Competitive  Ticular kind of work  ) General nature of industry siness, or establishment in inche employed (or employer)  Racetard Competitive  Racetard Competitive	Billie disco.	/ Jas. Omos. ds.
	(State or country) Live tile Tul	Contributory Secondary (Duralion	Cuelly ds.
Ŋ	10 NAME OF FATHER FILESON  11 BIRTHPLACE	(Signed) (Lecter)	e & M. O.
ARENT	OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, CAUSES, state (1) MEANS OF INJURY; and SUICIDAL Or HOMICIDAL.	(2) whether Accidental,
l d	13 BIRTHPLACE OF MOTHER (State or country)	At place of death	,yrsmoe ds.
14 T	(Informant) A CE & Settler	il not al place of death?  Former or usual residence	
15	(Address) Principle lity have	PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	lett eff f, 1815 Golden Hellien acting REGISTRAR	20 UNDERTAKER ALVUSOR BY	Premple
	If more blanks are needed, address State Registrar,	1b W. Saratoga St., Balto., Requesting V. S. No. 1	

[Approved by U. S. Census and American Public Health
Association.]

& yrs.). For persons who have no occupation whatever business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer of the second statement. mill; (a) Salesman, (b) Grocery; (a) Foremon, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil cugineer, Stationary fireman, etc. But in many cases, or given up on account of the disease causing death, "Foreman," "Manager," "Pealer," etc., without more mobile factory. husiness or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulknow (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the -C'oal mine, etc. Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

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on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetonus) may be stated head-homicide; Poisoned to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or misearriage as "Puerperal septichaemia," "Heart failure," "H: emorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uracmia," "Weakness," genital," "Senile," lapse," "Coma," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronnephralis, etc. cough; Chronic valvular heart disease; Chronic interstitud "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of . . . . . "Annemia" (merely symptomatic), rent) affection need not be stated unless important. (name origin; "Cancer" is less definite; avoid use of when a definite disease can be ascertained as the by roilway train—accident; Revolver Always qualify all diseases resulting from ehild-The nature of the injury, as fracture of skull The contributory (secondary or intercur-"Convulsions," "Debility" ("Conetc.), by carbolic acid-probably "Dropsy," "Atrophy," "Exhaustion, wound of

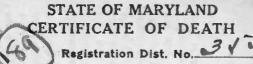


V. S. No. 1.

N.B.

tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT stated EXACTLY. of information should beacarefully supplied. AGE should be st DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. UNFADING INK-THIS WRITE PLAINLY, WITH CAUSE OF Important. S

PLACE OF DEATH  County Horceses	16071
County Morceses	
Village or City Balen RA	(No,



St.;--------Ward)

[It death occurred in a hospitel or institution, give its NAME lostead ot street end nomber.]

(No ....

TULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Final Block Single,  Meried,  Widough,  On Divorce (Write the word)	16 DATE OF DEATH 2 1915 (Mon/u) (Day (Year)
Month) (Day (Year)	that I last saw h. alive on Joseph
7 AGE   If LESS than 1 day,	and that death occurred on the date stated above, at 12 15 m.  The CAUSE OF DEATH* was as follows:
e OCCUPATION (a) Trede, profession, or perticular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	(Deratioo) yrs mos ds.
9 BIRTHPLACE (State or country) Morcesles County!	Contributory Secondary  (Furalist) yes mos ds.
11 BIRTHPLACE OF FATHER (State or country)  M 12 MAIDEN NAME 8	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER MMMA SUNCES  13 BIRTHPLACE OF MOTHER (State or country)  MO.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, ON RECENT RESIDENTS)  At place In the company of the company
(Informant)	Where wes disease contracted, If not at place of death?  Former or usual residence
(Address) July W. Haceoway	20 UNDERTAKER  ADDRESS  ADDRESS
If more blanks are needed, address State Regist	For, 6 E. Franklin St., Bulto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. statement. Never return "Laborer," who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Loeomotive engineer, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salcsman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., ture of the American Medical Association.) scpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Scuile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-"Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of ctc. State cause for



UNFADING

PLAINLY

WRITE

PHYSICIANS should state of OCCUPATION is very statement EXACTLY. Exact classified. pe pinous properly AG supplied. pe msy certificate. carefully that 80 90 back plain terms, pinous uo Instructions Information = EATH PE 10 Item Important. Every it 8

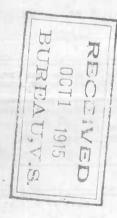
STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. lif death occurred in St :----Ward) a hospital or institution. give its NAME lostead of street and oumber. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 3 SEX S SINGLE. 4 COLOR OR RACE MARRIED, WIDOWED, (Year) Write the word) I HEREBY CERTIFY, That I attended deceased ifom (Year) 7 AGE If LESS than and that death occurred on the date stated above, at Je 1 day .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 BOCCUPATION (a) Frade, protession, or (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) Contributory. <sup>9</sup> BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) S 11 BIRTHPLACE ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place to the OF MOTHER (State or country \_\_\_\_\_ yrs. .... mos. \_\_\_\_ ds. State ..... yrs, \_\_\_\_ mos. .... Where was disease contracted. If not at place of death?. usuai residence. 19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRA If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers ncation, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can he known. The question tion is very important, so that the relative mealthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. it should be used only when needed. essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. Civil engineer, Stationary Arcman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Dneumonia," unqualified, is indefinite); Tubercu-tosis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "PUEEPEBAL peritonitis," etc. childbirth or miscarriage, as "PURPERAL septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may he stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic her" is less definite; avoid use of "Tumor" for maligmere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of ... Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-The nature of the State cause for Never report Examples:



1 PLACE OF DEATH

STATE OF MARYLAND

If death occurred in

(Year)

(Day)

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Caal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-hamicide; Paisoned by carbolic acid-probably Struck by railway train-accident; Revolver waund of to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS birth or miscarriage as "Puenperal septichaemia," "Puenperal perilanitis," etc. State cause for which eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "An emia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonacum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of The contributory (secondary or intercur-"Dropsy," "Exhaustion," important.



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR

V. S. No. 1.

	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
Cou	nty Workson	Registration Dist. No. 357
Villa	age or City Snow Itil (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	MARRIED, Single Widowso Single On Divorced (Write the word)	16 DATE OF DEATH Sept 6 , 191 (Year)
6 D	4 6. 5' 1874	17 I HEREBY CERTIFY, That I attended deceased from, 191, to, 191, that I last saw h alive on, 191,
7 A	GE (Month) (Day) (Year)  (If LESS than 1 day, hrs. or mos. ds. or min.?	and that death occurred on the date stated above, at 1.2-4m.  The CAUSE OF DEATH : was as follows:
W p	b CCUPATION a) Trade, profession, or articular kind of work b) General nature of Industry usiness, or establishment in thich employed (or employer)	Question) yrs. mos. ds.
9 6	10 NAME OF FATHER Lym & Bradden	Contributory Secondary  (Ourstion) yrs mos ds, (Signed) M. 0.
RENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
PAR		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the
14 -	(Informant) with BEST OF MY KNOWLEGGE	if not el place of death?  Former or  usual residence
15 F	(Address) Girdletin Grd Filed 9/8/, 1915 - LEROY Swelly REGISTRAR	9 PLACE OF BURIAL OR REMOVAL  GOODWILL GOOD AND ADDRESS  W.T. TE and Show Hell
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, business, that fact may be indicated thus: Farmer (retired engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. If the occupation has been changed precise specification as Doy laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever The material worked on may form part Locomolive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, letanus) may be stated head-homicide; Poisoned by earbolic ocid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puenperal septichurmia," eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," nephrilis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) Struck by railway train-occident; Revolver "PUERPERAL perilonilis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," chopneumonia (secondary), 10 ds. Never report merc Example: Measles (disease causing death), 29 ds.; Browrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping The nature of the injury, as fracture of skull State cause for which wound of



### PERMANENT 4 IS PLAINLY, WITH UNFADING INK-THIS

WRITE

V. S. No. 1.

supplied. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OCCUPATION is very supplied. See instructions on back of should in plain N. B.—Every Item CAUSE OF Important. S 1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.3

Village or City StraletrelyNo	St.;—Ward)  [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED WORD (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  1 HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH  Author (Month) (Day (Year)	that I last saw h a alive on Sept 3, 1915-
7 AGE about 11 LESS than	and that death occurred on the date stated above, at
70 yrs mos ds OR min. ?	The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or Ofonse Releases	
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. (mos. 24 ds.
9 BIRTHPLACE (State or country) Mars 2 1 1 50 mm	Secondary .
10 NAME OF FATHER Son't Anow	(Signed) (Doration) yrs mos ds.
Y 11 BIRTHPLACE OF FATHER (State or country)	Asset T., 1915 (Address) Guralelace Mich
₩ 12 MAIDEN NAME	*State the DINEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds. State yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)	Where was disease contracted, It not at place of death?  Former or usual residence.
(Address) Siralletree, M.S.	Girdo Tree Mil G FOR TON
Filed 7/1915 W O Joyne REGISTRAR	LEO UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

· CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: been changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canwhich surgical operation was undertaken. cause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (mcrely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Puerperal peritonitis," etc. State cause for tctanus) "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL septichae-For VIO-



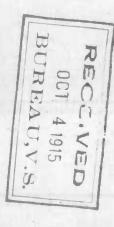
Village or City Snow Hill (No. 2 FULL NAME Della. S. Bahn	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIED, MONTON OR DIVORCED OR DIVORCED (Write the word)  7 AGE  3 2  YIS  MOS.  MOS.	(Signed)  (Buralion)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Buralion)  (Signed)  (Signed)  (Signed)  (Signed)  (Buralion)  (Bural
(Address) Leca Swith  Filed 9/8, 1815 Leca Swith  REGISTRAR	Low Still - Mid Sept. 8., 1915. 20 UNDERTAKER WITHEAMY LOCAL
If more blanks are needed address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Screant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Growry; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, ness of various pursuits can be known. The question business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Plonter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever If retired from (b) Anto-

Statement of Cause of Death—Name, first, the disease causing death—the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if inpossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," chopncumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Browrent) affection need not be stated unless important nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee heod-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning; cause. Always qualify all diseases resulting from child-"Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," lapse," "Coma," The nature of the injury, as fracture of skull, ly symptomatie), "Atrophy," "Col-"Convulsions," "Debility" ("Con-Never report mere



PERMANENT RECORD BINDING 4 2 FOR INK-THIS RESERVED MARGIN

No.

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TLY. PHYSICIANS Exact statement of .—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING m

Village or City Snow Hill (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.; Ward)  [If death occurred in a hospital or institution,
2 FULL NAME Zevin P. Robin	give its NAME instead of streef and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MONIO WIDOWED OR DIVORCED (Write the word)	18 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from  191 to 191 , to 191 ,
7 AGE (Moth) (Day) (Year)  1 day, hrs. OR min.?	that I last saw h alive on ,191 , ,191 , and that death occurred on the date stated above, at A m.  The CAUSE OF DEATH * was as follows: A round
(a) Trade, profession, or particular kind of work  (b) General nature of industry business, or establishment in which employed (or employer)	Garraful ward (Ouration) yrs. mos. de.
9 BIRTHPLACE (State or country) Maryland.	Contributory Secondary  (Burallor)  yrs. mes ds.
10 NAME OF FATHER RADOR B Robinson	(Signed) Take formes M. O.  181. (Address) Trow Will M.
11 BIRTHPLACE OF FATHER (State of country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 BIRTHPLACE OF MOTHER (State or country)	*State the DISPASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the control of death control of the control
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) B. J. Belley	Where was disease contracted,  if not et piece of death?  Former or  usuel residence
(Address) Westorn Inde 15 Filed 9/8, 1915 Lecon Swith REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  10 UNDERTAKER  20 UNDERTAKER  ADDRESS  W. T. HEARW Snaw Hill.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

employed, as At school or At home. Care should be taken to report specifically the occupations of persons —('oal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mill; (a) Salvsman, (b) ( rocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line especially in industrial employments, it is necessary to ness of various pursuits can be known. The question Housemaid, etc. If the occupation has been changed know (a) the kind of work and also (b) the nature of the ciau, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, ctc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever,

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinomo, Sarcomo, etc., of ..... on Nomenclature of the American Medical Association. on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, letonus) may be stated head-homicide; Poisoned by SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent beaths birth or miscarriage as "Puerperal septichumia," Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus, "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital." "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Meosles (discuse causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intereurcough; Chronic valentar heart discose; Chronic interstitud "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of "Old Age," "Shock," "Uramia," "Weakness," by railway train-accident; Revolver wound The nature of the injury, as fracture of skull "Senile;" etc.). "Propsy," "Exhaustion," carbolic acid-probably Never report mere



No. 02

### PERMANENT UNFADING INK-THIS IS PLAINLY, WITH

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very carefully supplied. DEATH in plain terms, so that it m See instructions on back of certificate. of Information should be N. B.-Every Item CAUSE OF Important.

PLACE OF DEATH



### STATE OF MARYLAND

Car	into Worcester	CERTIFICATE OF	DEATH
000		Registration Dist.	No. 350
Vill	age or City or more (No. P)  2FULL NAME ROZAL chs	St.; Ward)	[It death occurred in a hospital or institution, give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 SE	** COLOR OR RACE SINGLE, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	(Month)  17   HEREBY GERTIFY, That	(Day (Year)
B DA	(Month) (Day (Year)	that I last saw here, allve on lung	270 1915
TAG		and that death occurred on the date stated of the CAUSE OF DEATH* was as follows:	above, at The
(b) busi which	Trade, profession, or ficular kind of work.  General nature of Industry, ness, or establishment in chemployed (or employer)  RTHPLACE (State or country)	Contributory Secondary	yrs. mos. ds.
S	10 NAME OF FATHER Don't Know	(Signed) (Buration) (Signed) (Radress) (Radress) (Radress)	yrs mos ds.
PARENT	OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  Desit Know.	*State the DISEASE CAUSING DEATH, OF, CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, 1 OR RECENT RESIDENTS)	1 (2) whether Acciden-
14 <sub>T</sub>	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs, mos ds. State Where was diseaso contracted,	yrs, ds
	(Informant) Deariana James	If not at place of death?	
16	ed All 1915 Sha Hello	19 PLACE OF BURIAL OR REMOVAL    Hulls   Hill,  20 UNDERTAKER    Hulls   Hulls   Hulls    20 UNDERTAKER    20 U	ADDRESS
1	" IA AAA - MEGISTRAR	7 / 4 / 4 / 4 / 4	18/ 1/ 5/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. dutles of the household only (not paid Housekeepers statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salcsman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons But in many "Foreman," (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonacum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "luanition," "Marasgenital." "Senile," etc.), "Dropsy," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds,; oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: IENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations ou statement of may be stated under the head "Exhaustion," For vio-



80 OCCUPATION RECORD 0 ENT PERMAN 4 pinous properly AGE INK supplied. pe UNFADING may that terms. plain Information DEATH In ō 0

Very PHYSICIANS should state Morcester PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF S SINGLE. 3 SEX 4 COLOR OR RACE MARRIEO, WIDOWED. Write the word) 6 DATE OF BIRTH (Day) (Year) (Month) it LESS than 7 AGE 1 day .....hrs. OR ..... 7 BOCCUPATION (a) Frade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory certificate. (Secondary) 10 NAME OF FATHER (Signed) of 11 BIRTHPLACE ARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Instructions OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country Where was disease contracted. It not at place of death?. See usual residence mportant. CAUSE PLACE OF BURIAL OR 15 20 UNDERTAKER 0 If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

lit death occurred in .....Ward) a hospital or institution, give its NAME lostead of street and number. I

ADDRESS

MEDICAL CERTIFICATE OF DEATH (Month) (Day) (Year) attended deceased from and that death occurred on the date stated above. State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS in the \_\_ yrs. \_\_\_\_ ds. State ..... yrs. \_\_\_\_ mos. REMOVAL DATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death accepted to time and causation), using divays the same accepted term for the same disease. By amples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., Carcin-

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S. No. 1.

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PHYSICIANS t statement of

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be properly certificate

terms, so that

Instructi

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1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: .....Ward)

If death occurred in a hospital or institution. give its NAME Instead of street and number.

MEDICAL C	ERTIFICATE	OF DE	HTA	
16 DATE OF DEATH	. 9	7	12	. 1910
***************************************	(Month)		(Day)	(Year)
I HEREBY CERT			(	(
8-41	91.5 tp	9-	12	191
	-	G_	13	, 191
that I last saw h af	ive on	/	/	, 191
and that death occurred	on the date s	tated	above, at	Jan
The CAUSE OF DEATH *	was as follo	ws:		
Farmer Labour 4 Co.				
Jesti	eene	a	****************	
			***********	
				*************
0:	(Duretien)	ут	0 mc	00
Contributory	************			0 00 0000 000 00000
Secondary	# 000000000000000000000000000000000000	•••••••		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	(Dergillee)	······································	J	10
Secondary	(Duryllee)		j	)o(
Secondary  Signed)	(Deration)	st.	1. m	, N.
(Signed)	USINO DEATH, O	r, in der	the from V	Cil ~4
Secondary  (Signed)	USINO DEATH, O	r, in des	the from V	VIOLENT DENTAL,
Secondary  Signed)  9-/3, 191.5 (A.	AUSINO DEATH, OF INJURY; and	(2) wh	iths from Vether Acct	Cil -4  / IOLENT DENTAL,
Secondary  Signed)  9-/3, 191 U (A  State the DISEASE CA CAUSES, State (1) MEANS SUICIDAL OF HOMICIOAL.  B LENGTH OF RESIDENCE OR RECENT RESIDENTS)	AUSINO DEATH, OF OF INJURY; and	(2) wh	iths from Vether Acct	Cil -4  / IOLENT DENTAL,
Secondary  Signed)  9-3, 191 5 (A  State the DISEASE CA CAUSES, state (1) MEANS SUICIDAL OF HOMICIOAL.  B LENGTH OF RESIDENCE OR RECENT RESIDENTS  At place	AUSINO DEATH, OF INJURY; and  (FOR HOSPITALS,	(2) wh	aths from Vether Acctu	TIOLENT DENTAL,
Secondary  Signed)  9-/3, 191 U (A  State the DISEASE CA CAUSES, State (1) MEANS SUICIDAL OF HOMICIOAL.  B LENGTH OF RESIDENCE OR RECENT RESIDENTS)	AUSINO DEATH, OF INJURY; and  (FOR HOSPITALS,	(2) wh	aths from Vether Acctu	Cil -4  / IOLENT DENTAL,
Secondary  Signed)  State the DISEASE C. CAUSES, STATE (1) MEANS SUICIDAL OF HOMICIOAL.  BLENGTH OF RESIDENCE OR RECENT RESIDENTS) At place of death yrs. mes. Where we disease coelrected, it not af place of death?	AUSINO DEATH, OF INJURY; and  (FOR HOSPITALS,	(2) wh	aths from Vether Acctu	TIOLENT DENTAL,
Secondary  Secondary  J-J3, 191.J- (A  State the DISEASE CA  CAUSES, State (1) MEANS SUICIDAL OF HOMICIOAL.  B LENGTH OF RESIDENCE OR RECENT RESIDENTS At place of doath yrs. mss. Where wee disease coelected, if not af place of deeth?  Former or	AUSINO DEATH, OF INJURY; and  (FOR HOSPITALS,	(2) wh	aths from Vether Acctu	TIOLENT DENTAL,
Secondary  (Signed)  9-/3, 191.5-(A  *State the DISEASE C. CAUSES, STATE (1) MEANS SUICIDAL OF HOMICIOAL.  18 LENGTH OF RESIDENCE OR RECENT RESIDENCE OR RECENT RESIDENTS) At place of death yrs. mes.  Where wes disease coelercted, if not af place of deeth?  Fermer or usual residences	VUSINO DRATH, OI OF INJURY; and  (FOR HOSPITALS,  In theds. Stell	(2) wh	utions, T	VIOLENT DENTAL,
Secondary  Signed)  9-/3, 191.5-(A  State the DISEASE C. CAUSES, STATE (1) MEANS SUICIDAL OF HOMICIOAL.  BLENGTH OF RESIDENCE OR RECENT RESIDENCE OR RECENT RESIDENTS) At place of death yrs. mes. Where wes disease coelercted, if not af place of death?  Former or usual residence.	VUSINO DRATH, OI OF INJURY; and  (FOR HOSPITALS,  In theds. Stell	(2) wh	aths from Vether Acctu	TIOLENT DENTAL,
Secondary  (Signed)  9-3, 191 9- (A  *State the DIREARE CAUNES, state (1) MEANE SUICIDAL OF HOMICIOAL.  (B LENGTH OF RESIDENCE OR RECENT RESIDENCE OR RECENT RESIDENCE of death yrs. mse. Where wes disease coelrected, it not at place of deeth?  Fermer or usual residences  19 PLACE OF BURIAL OR RE  May Grange	VUSINO DRATH, OI OF INJURY; and  (FOR HOSPITALS,  In theds. Stell	DATI	utions, T.  yrs.  E OF BUR	VIOLENT DENTAL,
Secondary  Signed)  9-/3, 191.5-(A  State the DISEASE C. CAUSES, STATE (1) MEANS SUICIDAL OF HOMICIOAL.  BLENGTH OF RESIDENCE OR RECENT RESIDENCE OR RECENT RESIDENTS) At place of death yrs. mes. Where wes disease coelercted, if not af place of death?  Former or usual residence.	VUSINO DRATH, OI OF INJURY; and  (FOR HOSPITALS,  In theds. Stell	DATI	utions, T	TIOLENT DENTAL,

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

007 41915

BUREAU, V.S.

Cour	PLACE OF DEATH  16081	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 351
Villa	198 or City Shveldon De (No	St.; Ward)  [If death occurry a hospital or institution of street and number of street and nu
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	vale every (Write the word)	16 DATE OF DEATH  Sept. / 4 (Month) (Day) (Y
6 DA	(Month) (Day) (Year)  (Month) (Day) (Year)  If LESS than 1 day, hrs.  27 yrs.   mos. 13 ds.   OR min.?	that I last saw h mailive on Sept. 6- 15  and that death occurred on the date stated above, at 6.
	O) General nature of Industry	
wh	IRTHPLACE (State or country)  10 NAME OF	Contributory Les bus culsos: Secondary  (Burstion) Lorge Junes
RENTS	IRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE  OF FATHER  (State or country)  Workeship Or mod  12 MAIDEN NAME	(Signed) (Burstion) Congre Jeno (Signed) (Address Free backwill 9:
PARENTS 8 6	IRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 State or country)  13 STATE OF FATHER (State or country)  14 STATE OF FATHER (State or country)  15 STATE OF FATHER (State or country)  16 STATE OF FATHER	(Signed) A. House grant

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, engaged in domestic service for wages, as Servon!, Cook employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Labarer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesmon, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. taken to report specifically the occupations of persons is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in For persons who have no occupation whatever, If the occupation has been changed At home. Care should be Locomotive engineer, Civil If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is inacfinite); Tuberculosis of lungs, menin-

suicide. The nature of the injury, as fracture of skull, state means of injury and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated on Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic Struck by railway troin-accident; Revolver "PUERPERAL peritonitis," etc. birth or misearriage as "Puerperal septichuemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," Example: Meosles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial (name origin; "Caneer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonneum, etc., Carcinoma, Sarcomo, etc., of ..... "Anaemia" chapneumonia (secondary), 10 ds. "Coma," (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-"Dropsy," "Exhaustion," State eause for which Never report mere acid-probably to punon

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

OCT 41915

BUTTEATTVS.

20	PLACE OF DEATH	STATE OF MARYLAND
PHYSICIANS	County Worce Try 10084	CERTIFICATE OF DEATH
<u> </u>	County	Registration Dist. No. 357
× S		
H ts	Village or City (No,	St.; Ward) [if death occurred in a hospital or institution,
g .		give its NAME instead
7 7 3	Laura of Taylo	of street and number.]
- C - H	FULL NAME	
NT RECORD	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
- B 0	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Manie	16 DATE OF DEATH
NG NENT stated ily clas	WIDOWED	(Month) (Day) (Year)
PERMANENT uld be state properly cla	frmale White (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
BINDIN PERMANI nould be st e properly	6 DATE OF BIRTH	any 1 1915 to Sept 1 1915
PER	Jan. 14 1853	
m 00 0 w	(Month) (Day) (Year)	that I last saw her alive on 191
	7 AGE If LESS than	and that death occurred on the date stated above, at /Am
IS / GE s may	62 mag 17 ds OR min,?	The CAUSE OF DEATH # was as follows:
IIS	yrs, mos. os. or min. r	
CTH lied.	9 OCCUPATION (a) Trade, profession, or	arthroschrosis Chronic hephriles.
ED TK	particular kind of work thouse thold chillis	A mic udocorditis mitral regur
INK-T supplied s, so that	(b) General nature of industry	Slotral
	business, or establishment in which employed (or employer)	(Ouration) yrs mos d
RESERVEL	9 BIRTHPLACE	Contributory Telumile Ja
	(State or country)	7
	10 NAME OF	(Quration) yrs mos d
_ I = E	FATHER DEPLOY	(Signed) Oblivebart M.
4 F Br #	M 11 BIRTHPLACE	9 3 15 191 (Address) Snow feel my
A P A T	Z OF FATHER (State or country) England	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
MAR PLAINLY, mation sl E OF DE/ ery impo	W 12 MAIDEN NAME	State the Disease Causing Death, or, in deaths from Violekt Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
WRITE PLAINL of information of CAUSE OF D	of MOTHER any Godfrey	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT
P P P P P P P P P P P P P P P P P P P	13 BIRTHPLACE	OR RECENT RESIDENTS)
form USE	OF MOTHER (State or country) Drangland	Al place in the of death yrs. mos, ds. State, yrs. mos. ds.
WRITING CAU	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
	L C S	if not at place of death?
item I stat	(Informant) TEO, XI, Laykor	usual residence
/ ite	l - 11 1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Every i	(Address) Sub Will	1 1 9/8
S FV	15 a/s - fr () 8 - H	20 UNDERTAKER ADDRESS
No.	Filed 7/3, 1915 a Exos smills	20 UNDERTAKER ADDRESS
o, m	REGISTRAR	Withrams snow Hall
⇒ Z	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balte., Requesding V. S. No. 1.
- 111		
to les		

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Hauscwerk, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Labarer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton write Nouc. Housemaid, etc. If the occupation has been changed mobile factory. The material worked on may form part mill; (a) Salcsman, (b) 'racery; (a) Foreman, especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compasitor, Architect, know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness or industry, and therefore an additional line For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Locomotive engineer, Civil If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which ges, perilonacum, etc., Carcinama, Sarcoma, etc., of .......... (name origin; "Cancer" is less definite; avoid use of under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbalic acid-probably SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, cause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Uru mia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," cough; Chronic valeular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee Struck by railway train-accident; Revolver to determine definitely. Examples: Accidental drawning; surgical operation was undertaken. For violent deaths ete., when a definite disease can be ascertained as the lapse," "Coma," "Annemia" (merely symptomatic), "Atrophy," "Colchopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping The nature of the injury, as fracture of skull The contributory (secondary or intercur-"Convulsions," "Debility" ("Con-Never report mere mound



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN V. S. No. 1.

	1 PLACE OF DEATH	STATE OF MARYLAND	
Count	Warren les 16088	CERTIFICA	TE OF DEATH
Count	near O	Registr	ation Dist. No. 350
Villag	e or City OcomyNo	St; Wi	[If death occurred in a hospital or institution, give its MAME instead of street and number.]
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFI	CATE OF DEATH
3 SEX	4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH	
7	while write the word)		(Month) (Day) (Year)
6 DAT	E OF BIRTH	HEREBY CERTIFY, THE	nat I attended deceased from , 191,
-	(Month) (Day) (Y	that I last saw halive on	,191,
7 AGE	11 LESS 1 day, OR	and that death occurred on the The CAUSE OF DEATH * was a	
(a) part (b) busi whice	CUPATION Trade, profession, or licular kind of work General nature of lodustry ness, or establishment in the employed (or employer)  STHPLACE (State or country)	Contributory	Duration) yrs. mos. ds.  Buration) yrs. mos. ds.
PARENTS	10 NAME OF FATHER Thos 5 Junipur  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed)  9-6, 181. (Addrass)  State the DINEASE CAUSING D CAUSES, state (1) MEANS OF INJUI	DEATH, or, in deaths from VIOLENT RY; and (2) whether ACCIDENTAL,
14 TH	OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant)	18 LENGTH OF RESIDENCE (FOR HO OR RECENT RESIDENTS) Al pisca el death yrs. mes. ds. Whare was disease coelected, if not at piacs of dasth? Former or usoal rasidage	SPITALS, INSTITUTIONS, TRANSIENTS, In lhs Stats,
15	(Address) francis City 20	19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER  OF BURIAL OR REMOVAL	DATE OF BURIAL  ADDRESS  A STANDARD MARKET M
	If more blanks are needed, address State Regi	16 W. Saratoga St., Balto., Requesting V.	S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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chopneumonia (secondary), 10 ds. on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," nephritis, etc. The contributory (secondary or intercurges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... to determine definitely. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of or miscarriage by railway train-accident; Revolver wound of as "Puerperal seplichaemia," Examples: Accidental drowning; State cause for which Never report mere (Recommendations



WRITE PLAINLY, WITH UNFADING INK-THIS IS

A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pialn terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County Won water

160%

Ti

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

\_St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and nomber.]

Village or City Remark md (No.

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351	4 COLOR OR RAGE SINGLE, MARRIED, WIDDWED, OR DIVERGED (Write the word)	16 DATE OF DEATH  9- (Month) (Day (Year)
8 D	ATE OF BIRTH	17 I hereby Certify, That I attended deceased from 9/9, 1915,
7 A	1 day,hrs.	and that death occurred on the date stated above, at 1915.  The CAUSE OF DEATH* was as follows:
(a)	yrs. Z mos ds.   OR min. ?  CCUPATION  Trade, profession, or  ricular kind of work.	Ivanition 'the
(b) General nature of industry, business, or establishment in which employed (or employer)		(Quration) Augres mas. ds.
981	10 NAME OF DAME OF	Contributory Secondary  (Doration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Liver Jane		(Signed) Rayrul Full III (Address) New Orl The deaths from Vice III (Signed)
		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
14.5	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	OR RECENT RESIDENTS) At place In the of death yrs, mos ds. Where was disease contracted,
	(Informant) Lenge To the Best of My Knowledge	If not at place of death?————————————————————————————————————
16	(Address) Newayk mel	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Fil	es ch 10-1915 MANACLOWOY	Courtes, 1 & Drawy Film MIN



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. who have no occupation whatever, write Nonc. eated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, étc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salcsman, As examples: "Foreman," The (4)

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cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association. "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably ctc., when a definite disease can be ascertained as the by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," For vio-

